Division of Health Care Facilities

NAME OF PROVIDER OR SUPPLIER WOODBURY HEALTH AND REHABILITATION C (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL STREET ADDRESS, CITY, STATE, ZIP CODE 119 WEST HIGH STREET WOODBURY, TN 37190 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLE	AND PLAN OF CORRECTION IDEI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING				
NAME OF PROVIDER OR SUPPLIER TREET ADDRESS, CITY, STATE, ZIP CODE 119 WEST HIGH STREET WOODBURY HEALTH AND REHABILITATION C 119 WEST HIGH STREET WOODBURY, TN 37190 PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) N 002 1200-8-6 No Deficiencies N 002 This Rule is not met as evidenced by: Complaint investigation #TN00054855 was completed on 10/18/2021 at Woodbury Health and Rehabilitation Center. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.			IDENTIFICATION NOWIBER.			COMP		
WOODBURY HEALTH AND REHABILITATION C 119 WEST HIGH STREET WOODBURY, TN 37190 (KA) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDENS PLAN OF CORRECTION SHOULD BE CACH CORRECTIVE ACTION SHOULD BE CACH CACH CORRECTIVE ACTION SHOULD BE CACH CORRECTIVE AC			TN0802					
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		Complaint investigated on 10/18 and Rehabilitation cited under Chapte	ation #TN00054855 was B/2021 at Woodbury Health Center. No deficiencies were					
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